

## CLAIMS ONLY

**Application Number**

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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49						
50						
Total Indep						
Total Depend						
Total Claims						

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Total Indep						
Total Depend						
Total Claims						